

REST HAVEN HEALTH CARE CENTER  
7672 W MINERAL POINT RD

VERONA 53593 Phone: (608) 833-1691  
Operated from 1/1 To 12/31 Days of Operation: 366  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/04): 21  
Total Licensed Bed Capacity (12/31/04): 21  
Number of Residents on 12/31/04: 20

Ownership: Limited Liability Company  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? Yes  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 20

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		25.0
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		50.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		25.0
Day Services	No	Mental Illness (Org./Psy)	5.0	65 - 74	5.0			-----
Respite Care	No	Mental Illness (Other)	25.0	75 - 84	20.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	5.0	85 - 94	60.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	5.0	95 & Over	15.0	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	35.0	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		11.0
Referral Service	No	Diabetes	10.0	Gender	%	LPNs		21.7
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	15.0	Male	40.0	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	60.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

\*\*\*\*\*

#### Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	2	100.0	339	11	100.0	138	0	0.0	0	6	85.7	179	0	0.0	0	0	0.0	0	19	95.0	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	1	14.3	160	0	0.0	0	0	0.0	0	1	5.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	2	100.0		11	100.0		0	0.0		7	100.0		0	0.0		0	0.0		20	100.0	

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	25.0	Bathing	5.0	80.0	15.0	20
Private Home/With Home Health	0.0	Dressing	5.0	90.0	5.0	20
Other Nursing Homes	0.0	Transferring	25.0	50.0	25.0	20
Acute Care Hospitals	66.7	Toilet Use	20.0	55.0	25.0	20
Psych. Hosp.-MR/DD Facilities	0.0	Eating	75.0	20.0	5.0	20
Rehabilitation Hospitals	0.0	*****				
Other Locations	8.3	Continence		%	Special Treatments	%
Total Number of Admissions	12	Indwelling Or External Catheter	15.0	Receiving Respiratory Care		0.0
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	60.0	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	8.3	Occ/Freq. Incontinent of Bowel	25.0	Receiving Suctioning		0.0
Private Home/With Home Health	41.7			Receiving Ostomy Care		5.0
Other Nursing Homes	0.0	Mobility		Receiving Tube Feeding		0.0
Acute Care Hospitals	8.3	Physically Restrained	0.0	Receiving Mechanically Altered Diets		60.0
Psych. Hosp.-MR/DD Facilities	0.0			*****		
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	8.3	With Pressure Sores	5.0	Have Advance Directives		100.0
Deaths	33.3	With Rashes	5.0	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs		80.0
(Including Deaths)	12					

\*\*\*\*\*  
Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

*****									
	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.2	88.5	1.08	88.3	1.08	90.5	1.05	88.8	1.07
Current Residents from In-County	80.0	80.0	1.00	78.3	1.02	82.4	0.97	77.4	1.03
Admissions from In-County, Still Residing	33.3	17.8	1.87	28.4	1.17	20.0	1.67	19.4	1.72
Admissions/Average Daily Census	60.0	184.7	0.32	106.8	0.56	156.2	0.38	146.5	0.41
Discharges/Average Daily Census	60.0	188.6	0.32	105.3	0.57	158.4	0.38	148.0	0.41
Discharges To Private Residence/Average Daily Census	30.0	86.2	0.35	34.7	0.87	72.4	0.41	66.9	0.45
Residents Receiving Skilled Care	95.0	95.3	1.00	95.2	1.00	94.7	1.00	89.9	1.06
Residents Aged 65 and Older	100	92.4	1.08	95.8	1.04	91.8	1.09	87.9	1.14
Title 19 (Medicaid) Funded Residents	55.0	62.9	0.87	56.6	0.97	62.7	0.88	66.1	0.83
Private Pay Funded Residents	35.0	20.3	1.73	34.0	1.03	23.3	1.51	20.6	1.70
Developmentally Disabled Residents	0.0	0.9	0.00	0.6	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	30.0	31.7	0.95	41.0	0.73	37.3	0.80	33.6	0.89
General Medical Service Residents	15.0	21.2	0.71	13.6	1.11	20.4	0.73	21.1	0.71
Impaired ADL (Mean)	45.0	48.6	0.93	50.8	0.89	48.8	0.92	49.4	0.91
Psychological Problems	80.0	56.4	1.42	62.7	1.28	59.4	1.35	57.7	1.39
Nursing Care Required (Mean)	9.4	6.7	1.40	7.4	1.26	6.9	1.36	7.4	1.26